Exhibit B

Deposition of:

Rebecca Betensky , Ph.D.

June 23, 2017

In the Matter of:

In Re: Bard IVC Filters Products Liability

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for newer devices on the market as opposed to older devices, right?

MR. MANKOFF: Object to form.

A Again, my understanding is that this is a sys -- it's a complex system and that is -- one driver of reporting is the newness of the device, but there are other -- may be other drivers as well.

Q Let me see if I can restate that.

One driver of reporting that you understand exists for medical devices in a general sense is that newer medical devices are likely to receive more reports as recorded in MAUDE than older devices, right?

A I don't know about likely. I can't say are likely to. I can say that's a possibility.

Q Let me try it again.

You recognize that it's possible that newer devices have more MAUDE reports of adverse events than older devices, right?

A That's possible.

Q In your analysis you captured periods in which the removal devices were new to the market, right?

A Yes.

Q In your analysis you didn't start considering adverse events for the Simon Nitinol filter until it

had been on the market for over ten years, right?

A I believe that's true.

Q *You did not do an apples-to-apples comparison of time periods for any of the removable filters as compared to the analogous time periods in which the Simon Nitinol filter had been on the market, right?

MR. ROTMAN: Please reread that question.

(*Record read)

MR. MANKOFF: Object to form.

THE WITNESS: I'm sorry. Can you restate that, please.

MR. BUSMAN: Sure.

Q If you really wanted to do an accurate and meaningful comparison between various of the Recovery filters and the Simon Nitinol filter, you would have wanted to compare MAUDE reports for any of the recoverable filters in the first few years those filters had been on the market as compared to the reports for the first few years when the Simon Nitinol filter was on the market, right?

MR. MANKOFF: Object to form.

A Well, that's one analysis certainly, but I guess I'm -- or let me back up. But another way of

the typo but ...

Q I think we're, I think we're -- I think maybe I'm, I'm asking a different question, okay?

If you take a look at your rebuttal to Dr. Feigal's report, paragraph 5, the response.

A Yes.

Q In the response, one, two, three lines you state, "In my report, I used the term "risk" to mean proportion, and I distinguish this from a rate, which I agree cannot be calculated (see my section on Potential limitations and responses, No person-time exposure/ cannot calculate incidence rates and ratios)." Did I read that correctly?

A You did. And I was making the point that -- a nuanced point, as I said, that I cannot calculate the rate. That is true and it remains true. But I can, I believe, bound that rate in reference to the reporting risk ratio.

Q I understand. But for purposes of your expert opinions in this case, whether you can or you cannot, you did not calculate a rate, true?

A That is true.

Q Okay. So let me try it again.

You did not calculate any rate in connection with your expert opinions in this case, right?

A I did not calculate any rate. I calculated what I call risk or proportion.

Q If somebody cites your report or your deposition and asserts that you have in any way calculated a rate of adverse events for any filter, that would be incorrect, right?

A No, I would -- I wouldn't go so far as to say it would be incorrect. I would say that perhaps that person doesn't have exactly the nuanced understanding or is -- or maybe they have an understanding, but they're not making the nuanced technical distinction that I am making between a rate and a risk.

Even Dr. Thisted who's a very, very prominent statistician -- I'll take that back. He knows the difference between a rate and risk although -- so let me take that back.

Many people confuse the notion of rate and risk. I'm writing a paper right now with a neurologist who is making that -- you know, who's confusing those concepts. So it's possible somebody is referring to my report and carelessly calling it a rate when I'm using the risk, and they mean risk.

Q I understand. That was helpful. Let me do what I've done before and try to drill down.

A Okay.

scientific background; did I understand you to testify to that?

A What I'm saying is that people -- some people might not make the distinct -- the careful distinction that a statistician would likely make between a risk and a rate. People may use different language as well.

Q You would agree that at a minimum a statistician would have an appropriate understanding of the difference between a risk and a rate, a statistician, right?

A A statistician would understand. It's not to say that in writing something they might not be -- it's possible that they might not be careful. And you know, you probably if you went -- let me finish that sentence. They might not be careful in making the distinction. And if you went through my CV maybe you would even find papers that I wrote. So it depends on the context.

Q If someone described your report and stated that you had calculated any rates, that would not be a careful distinction between risk and rate, right?

A That would not be what I had done in my report.

Q Now, still on ... where is it? Dr. Feigal's report. Excuse me, still on the rebuttal to